

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-975)

11/12/14

SERIAL NO.
10/018115

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2						1
3		2				2
4		0				1
5		0				1
6		0				1
7		0				1
8		0				1
9	1				1	
10		1				1
11		1				1
12		1				1
13		0				1
14		0				1
15		0				1
16	1				1	
17						1
18		0				1
19		0				1
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TOTAL IND.	3	0			6	0
TOTAL DEP.	22				30	
TOTAL CLAIMS	25				36	

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		0		0		0
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY